

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
REGION IX

75 Hawthorne Street
Suite 408
San Francisco, CA 94105

FEB 07 2006

Anthony D. Rodgers, Director
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

Dear Mr. Rodgers:

Enclosed is an approved copy of Arizona State plan amendment (SPA) 05-006, which updates Attachment 2.6-A to reflect the Federal Benefit Rate for 2006. I am approving this SPA with the requested effective date of January 1, 2006.

If you have any questions, please have your staff contact Ronald Reepen at (415) 744-3601.

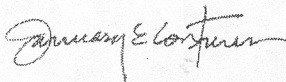


Sincerely,

Linda Minamoto
Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosure

cc:

Gary Jackson, CMS, CMSO, FCHPG
Cynthia Potter, CMS, CMSO, PCPG (two copies)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 05-006	2. STATE Arizona
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2006	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42-CFR 435.726, 435.733, 435.832 and Sections 1924 & 1917 of the Act		7. FEDERAL BUDGET IMPACT: a. FFY \$ 0. b. FFY \$ 0.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Pg 4a Supp 1 to Attachment 2.6 A, Pg 1b Supp 12a to Attachment 2.6, A, Pg 1 Supp 13 to Attachment 2.6A, Pg 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Changes due to the increase in the Federal Benefit Rate			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: January Contreras Mail Drop 4200 801 East Jefferson Phoenix, Arizona 85034	
13. TYPED NAME: January Contreras			
14. TITLE: Assistant Director Office of Intergovernmental Relations			
15. DATE SUBMITTED: December 14, 2005			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 19, 2005		18. DATE APPROVED:  February 7, 2006	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/06		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Linda Minamoto		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			



Our first care is your health care

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Janet Napolitano, Governor
Anthony D. Rodgers, Director

801 East Jefferson, Phoenix AZ 85034
PO Box 25520, Phoenix AZ 85002
phone 602 417 4000
www.ahcccs.state.az.us

December 14, 2005

Ron Reepen, State Coordinator
Centers for Medicare and Medicaid Services
75 Hawthorne St., 5th Floor
San Francisco, California 94105

Dear Mr. Reepen:

Enclosed is State Plan Amendment (SPA) 05-006, effective January 1, 2006, which updates the following amounts relating to the increase in the FBR.

- Increases the Personal Needs Allowance (PNA) to \$90.45
- Increases the Federal Benefit Rate (FBR)
 1. Individual \$603.00
 2. Couples \$904.00
 3. 300% FBR \$1,809.00
- Increases the Minimum Community Spouse Resource Deduction (CSRD) base to \$19,908.00 on the Consumer Price Index.

If you have any questions about the enclosed SPA, please contact me at (602) 417-4447.

Sincerely,

January Contreras
Assistant Director
Office of Intergovernmental Relations

c: Linda Minamoto
Gary Jackson

Enclosure

State: ARIZONA

Citation	<u>Condition or Requirement</u>
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of Not Less Than \$30 For Individuals and \$60 For Couples. For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>90.45</u> Couples \$ <u>*</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b AFDC related: Children \$ <u>90.45</u> Adults \$ <u>90.45</u></p> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A</u>. \$ <u>90.45</u>.</p>

* In Arizona, all applicants are treated as individuals. If two individuals are married, each would receive a Personal Needs Allowance of \$90.45.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

3. Supplemental Security Income:

Individual Federal Benefit Rate: \$ 603

Couple Federal Benefit Rate: \$ 904

300% Individual Federal Benefit Rate: \$ 1,809

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Individuals who have received institutional services less than 30 days: \$1,809 (allowed by waiver)

Individuals receiving HCBS: \$1,809 (as allowed by 42 CFR 435.726 and the 1115 waiver which allows the State to provide HCBS to individuals whose income does not exceed 300% of SSI.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924, except for those provisions set forth in Supplement 14 to Attachment 2.6A.
- B. In the determination of resource eligibility the State minimum resource deduction is \$19,908, subject to change in accordance with federal law.
- C. An institutionalized spouse who (or whose community spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per Section 1924(c)(3)(C), where the State determines that denial of eligibility on the basis of having excess resources would work an undue hardship.